

Your Company Name Here
1234 Main St.
Your Town, State and ZIP

PURCHASE ORDER

SHOW THIS NUMBER ON
 ALL INVOICES, BILL OF
 LADING AND PACKAGES

TO:

SHIP TO:

P.O. DATE	ATTENTION	TELEPHONE	SHIP VIA	F.O.B. POINT	<input type="checkbox"/> TAXABLE <input type="checkbox"/> RESALE
PURCHASED BY		<input type="checkbox"/> CONFIRMING <input type="checkbox"/> NOT CONFIRMING	DELIVERY REQUIRED	TERMS	COPIES INVOICE REQUIRED _____

ITEM	QUANTITY		DESCRIPTION	UNIT PRICE		AMOUNT	
	Ordered	Received					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

SPECIAL INSTRUCTIONS

1. Ship cheapest way unless otherwise stated.
2. Buyer reserves the privilege of cancelling all or any part of this order if shipment is not made within specified time.
3. Packing slip must accompany each case or parcel showing our order number, item number, and complete description of its contents.
4. Acknowledge immediately stating acceptance of this order subject to terms and conditions outlined herein.
5. Place order number on all shipments, invoices, and correspondence.
6. Do not ship ahead of schedule unless authorized.

By _____
Authorized Signature